

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I believe I am an original, first and ☐ joint ☐ sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Air Suspension Anti-Roll Stabilisation System

described and claimed in

- ☒ the attached specification, Attorney Docket No. 02004.053.
☐ the specification filed _____, as U.S. Application Serial No. _____
 and as amended _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims as filed and as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

2 I appoint: Christopher J. Fildes (Reg. No. 32,132), Robert J Outland (Reg. No. 22,197)

as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to: (313) 885-1500

Address all correspondence to: Fildes & Outland, P.C. 20916 Mack Avenue, Suite 2,
Grosse Pointe Woods, Michigan 48236

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

- (1) Inventor's Signature: John Bolland Reast Date: 29th Dec 2001
 Inventor's Full Name: John Bolland Reast Citizenship: United Kingdom
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 (Formerly)
- (2) Inventor's Signature: Beds. MK43 8JR Date: _____
 Inventor's Full Name: _____ Citizenship: _____
 Inventor's Residence: _____
- (3) Inventor's Signature: _____ Date: _____
 Inventor's Full Name: _____ Citizenship: _____
 Inventor's Residence: _____
- (4) Inventor's Signature: _____ Date: _____
 Inventor's Full Name: _____ Citizenship: _____
 Inventor's Residence: _____

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